# Strategic Direction Summary Addendum for COP23 Y2/FY25

**Preface:**

To define success for COP23 Y2, stakeholders from the U.S. Government, the Government of South Africa (GoSA), Civil Society Organizations, and other partners gathered for the COP23 South Africa HIV Response Accelerator Forum, held on 22-23 February, 2024. This forum built a shared understanding of the current HIV epidemic in South Africa, identified barriers to reaching the 95/95/95 targets, and secured commitments for short- and medium-term actions to address barriers. There was an agreement to align and focus resources across partners for maximum impact and sustainability planning.

The Accelerator Forum endorsed five principles to guide COP23 Y2 activities: 1) Reduce the frequency of client visits to reduce overall burden of treatment on clients and clinics; 2) Close the gaps in the HIV/TB cascade; 3) Improve efficiencies in care, treatment, and prevention programming; 4) Increase the demand for HIV testing and treatment services; and 5) Improve monitoring for increased mutual accountability. Collectively, these principles will guide all partners towards shared actions to reach towards achieving the 95-95-95 UNAIDS goals and will be used to determine COP23 Y2's success. Actions outlined in the South Africa Accelerator Discussion Primer as adopted at this meeting are attached to this Strategic Direction Summary (SDS) Addendum.

This Addendum to the COP2023 SDS captures the strategic shifts and key agreements that PEPFAR SA will make in line with the outcomes and principles of the Accelerator Forum. It also captures potential risks that may impact future (FY25) programmatic achievement, updated target and budget tables, updates to PEPFAR SA staffing, and PEPFAR SA's approach to sustainability in line with the UNAIDS Sustainability Roadmap process. This SDS addendum should be read together with the detailed Acceleratory Discussion Primer, which brings together the complementary policy and programmatic actions agreed upon by all stakeholders at the Accelerator Forum. This SDS Addendum does not document all COP23 programming.

## Strategic Shifts and Key Agreements

### 1.1 Year 2 Programmatic Shifts for Technical Working Groups:

***Care and Treatment:*** Changes in PEPFAR SA Care and Treatment programming in COP23 Y2 will primarily address challenges and delays experienced in COP23 Y1 programming, as documented in section 1.3 below.

Additionally, PEPFAR SA will also channel resources to support the scale-up of existing programs identified by partners as having strong growth potential and existing support through guidelines and policies. This will include **technical assistance and capacity building** initiatives targeted at the GoSA sub-national managers and clinicians to support better data management and testing, along with organizational support for clinic committees. PEPFAR SA will also pivot to scale **men-centered activities** to improve case finding, linkage, and retention, particularly through the scale-

up of the MINA campaign, the Coach Mpilo peer-led support program, and Direct Service Delivery (DSD) programming at prevention service platforms (e.g., taxi ranks, workplaces, and other sites where men gather). PEPFAR SA will collaborate with National Department of Health (NDoH) on **HIV/TB programming** to scale up short-course TPT regimes such as 3HP and 3RH, specifically through guideline revision to include 3RH for PLHIV and stock management optimization of existing 3HP and 3RH. Noting the substantial benefits that filing support has for accurate data and timely client service, PEPFAR SA will expand the scale of **record management support** with an emphasis on archiving, space assessments at clinics, lab results management, HRH assessments to identify long-term filing and data capture resource needs, and optimized enrollment of clients onto HPRS and the forthcoming Electronic Medical Record (EMR). PEPFAR SA will also prioritize **youth-centered activities** to improve case finding, linkage, and retention. This support will focus primarily on strengthening collaboration and coordination among multi-sectoral adolescent and youth-focused health programs in the community. It will do so by mapping and integrating partner programs into PEPFAR SA and NDoH programming and activating more peer-led activities (e.g., Youth Care Clubs and Youth Zones) in communities. This will aim to increase treatment literacy material for youth and enhance youth participation in the design of youth friendly service delivery interventions.

PEPFAR SA will also expand support for several new cross-cutting program innovations and pilots that will enhance the impact of other working groups and identify new ways to achieve the principles of the Accelerator Forum. These include support for a pilot of 6MMD in targeted populations to reduce the frequency of clinical visits for stable patients and unburden clinics; an expansion of psycho-social support and mental health services specifically for health care providers; increased support for the NDoH's Integrated Men's Health Strategy; and additional support for the integration of primary health care for PLHIV, including care for non-communicable diseases. PEPFAR SA will also strengthen policy support for the 2023 ART and DMOC Guidelines through continued training and mentoring of HCWs on ART and DMOC guidelines, transitioning all stable clients to 3MMD, supporting increased decanting at four months, and scaling up of DTG. Collectively, these efforts aim to optimize the positioning of both PEPFAR SA and its partners for better achievement of growth-at-scale in FY25.

***Children (OVC and Pediatrics):*** In COP23 Y2, PEPFAR SA will expand its support for children to address gaps in treatment coverage and a lack of targeted programs for priority populations highlighted by new data from the 2022 ANC survey and other sources. These efforts include an expansion into comprehensive community-based services for children and adolescents, particularly into hard-to-reach communities in 10 high-burden districts. New support will also include enhancements of facility-based services for children through the scale-up of peer-led and family-based models of care, and the introduction of pALD upon registration in South Africa. Additional program monitoring and evaluation activities will expand pDTG transition monitoring for individuals and facilities, optimize data use from existing data sources such as TIER.Net and the NDoH Health Information Center (HIC), and expand PCR-positive infant audits to identify and address VTP gaps. New longitudinal data collection tools will also be developed to address gaps in mother-infant pair data. New efforts to build and enhance clinical capacity will focus on gaps across the pediatric and adolescent care continuum and will include new programming to support 18-month-old universal testing, the pDTG transition, family-centered models of

care and DMOC, PrEP and PEP for pregnant and breastfeeding women, enhanced VL monitoring, and Advanced Clinical HIV/TB disease support. PEPFAR SA will also increase its pediatric budget allocation to the Global Alliance to End AIDS in Children by 2030 (GA) and will scale-up the Risiha Case Management Model to address social and structural barriers to care. PEPFAR SA will also be supporting South Africa's path to triple-elimination in all 52 districts nationwide.

In COP23 Y2, PEPFAR SA will also support the localized implementation of the new PEPFAR Youth Initiative, a USD20 million global initiative aimed at elevating youth leadership in the HIV response and improving HIV prevention, case finding, and treatment outcomes among youth. This will be supported by NDoH and SANAC, which will create a youth task force to drive action. The first meeting of this initiative will be held in May 2024, with program implementation recommendations to be presented and shared for discussion at a September 2024 workshop.

***Key Populations:*** PEPFAR SA will continue to support Correctional Services by integrating programming into the integrated Key Populations Technical Assistance award. This programming will move Correctional Services support from the current hybrid direct service delivery/TA model into one solely focused on TA, along with training and implementation science to support sustainability. To accommodate this, targets have been adjusted down by 20%.

***Prevention/DREAMS:*** In COP23 Y2, PEPFAR SA will create new opportunities to expand the program focus of the DREAMS program. This is a timely pivot in the program which has supported the saturation of the DREAMS activities in PEPFAR supported districts in the current program implementation. Expanding the scope of the DREAMS ensures alignment of PEPFAR SA and the GoSA programs. Multi month dispensing features as a cross cutting priority in COP23 Y2. DREAMS programming will leverage the MMD program with a focus on establishing pick up points to include Pre-Exposure Prophylaxis (PrEP). To ensure services are reaching and serving youth with disabilities, DREAMS programming will introduce support for services for what is currently a critical service delivery gap. Recent stakeholder engagements have highlighted the dearth of services focusing on mental health public health services across all programs. PEPFAR SA has responded to the call for integration of mental health programming into DREAMS programming. Enhanced provision of mental health screening and psychosocial support will be integrated into DREAMS programming to increase uptake and continuation of PrEP and ART for young people.

***Prevention/VMMC:*** The release of preliminary district-level VMMC coverage data from SABSSM VI allowed the PEPFAR SA program to revise the distribution of VMMC targets across the 27 PEPFAR-supported districts to better target 80% coverage in all geographical areas. In line with the GoSA's additional VMMC service delivery commitments, PEPFAR SA VMMC targets will be reduced to 260,000 for COP23 Y2. PEPFAR will also reduce VMMC program procurements and will engage the GoSA to integrate the procurement and distribution of all VMMC commodities through the regular NDoH supply chain systems. To promote sustainability of the VMMC program PEPFAR SA will assist the GoSA in supporting the VMMC program-wide external quality assessment (EQA) and continuous quality improvement (CQI) processes. Discussion on sustainability of the PEPFAR SA VMMC program will be initiated in COP23 Y2 with the implementation of a pilot project with one or two districts to develop experience and best practices on VMMC program ownership and sustainability.

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***Health Systems Strengthening (Lab, HRH, HMIS, SC):*** In COP23 Year 2, PEPFAR SA will use SABSSM VI survey data to identify and address gaps in HIV service delivery and update modeled HIV estimates (Thembisa/Naomi) to inform the National HIV response. Results will be used from implementation science studies to inform scale-up of new HIV biomedical prevention products. PEPFAR SA will enhance social and behavioral studies to guide person-focused HIV prevention (e.g. PrEP) and care/treatment services (e.g. retention, CLHIV). PEPFAR SA will also expand its HSS programming to include a greater focus on sustainability. To align programmatic and system transformation, PEPFAR SA will align its investments with the GoSA strategic policies and guidelines. PEPFAR SA will promote sustainability of U.S. Government resources by prioritizing discussions with national, provincial and district governments and gradually transitioning direct service delivery into focused technical assistance programing for greater country ownership and shared implementation across all partners. PEPFAR SA will focus its sustainability engagements on human resource planning and support to health system strengthening with an emphasis on supporting the development and roll out of the GoSA patient level EMR. PEPFAR SA technical assistance on supply chain systems will intensify efforts on maximal implementation of multi-month dispensing through a range of differentiated service delivery models, including those focused on youth. PEPFAR SA will also enhance its focus on quality improvement and using economic evaluation and modeling to guide policy and program management.

### 1.2 Civil Society Organization Agreements:

In the course of COP23 Y1, PEPFAR SA has worked with its CSO partners and the GoSA to further align programming with the insights generated through Community Led Monitoring, led by partner Civil Society Organizations. Agreements to improve programming include targeted efforts to increase MMD implementation, improve filing systems and record management, and expand HRH support needed to identify and close gaps, all with the ultimate goal to improve client experiences at points of care. In COP23 Y2, PEPFAR SA aims to work alongside CSOs to reimagine and relocate quarterly POART discussions for greater and more inclusive participation.

### 1.3 Activities at risk of affecting performance leading into COP25:

| Activity | Status | Details | Proposed Resolutions |
|---|---|---|---|
| **LIFT UP Initiative:** The additional LIFT UP funding supports targeted programming for Children and Youth, and Key Populations across South Africa. | Resolved as of 20 February 2024: Proposal #1 | Delayed funding authorization from U.S. Congress | • Move forward with programming through IPs, except for Key Populations “Develop a Response Mechanism”. No additional money beyond original funding commitments will be provided as part of the approvals. Any funds not outlayed in COP23 Y1 can carry over into COP23 Y2 |
| **Actioning of Ritshidze Findings:** The national implementation of Ritshidze’s community- | Delayed scale-up | Delayed acceptance of Ritshidze’s findings by sub-national Departments of | • Expand engagement with multiple stakeholder groups e.g., facility teams, clinic committees, and community response teams |

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| led monitoring findings is ongoing, and progress has been made in some areas, but full implementation and scale is still needed | | Health | • Support facility and community platforms to collaborate on quality improvement plans to respond to findings |
| **Expansion of Community-Based Services:** PEPFAR SA aims to support the GoSA in the implementation of comprehensive community-based services including psychosocial support | Delayed scale-up | Resource barriers including limited DoH human resources for health working in community sites, and mobile services and equipment | • Provide increased support to Departments of Health through PEPFAR SA Implementing Partners to scale-up of community services across the clinical cascade<br>• Expand scale of case finding in communities by leveraging Department of Social Development social workers and the Risiha case management model |
| **Comprehensive Case Management (CCM):** PEPFAR SA works collaboratively to support CCM across the country for improved retention and suppression. | Delayed scale-up | Ownership rests primarily with PEPFAR SA; Limited adoption of the model by DoH has led to low CCM coverage. | • Review and integrate roles of CCM into the GoSA cadres<br>• Review evidence for effectiveness of CM with DoH partners<br>• Build capacity of facility staff to implement CCM as a function, rather than a role<br>• Identify high risk clients for CCM (e.g., AHD, new on ART, failing ART)<br>• Scale-up peer-led CCM support approaches |
| **Stigma Reduction Through HIV Literacy:** PEPFAR SA aims to support the GoSA with increased strategic marketing and communications materials to reduce stigma around HIV. | Delayed scale-up | Delayed development and implementation of policy and messages with concurrence from stakeholders | • Harmonize and fast-track the roll-out of stakeholder-approved HIV literacy materials and messaging, including U=U<br>• Develop and implement HIV literacy materials for targeted populations (e.g., youth, men, KPs)<br>• Re-examine prevention messaging under the principle of “Do no harm”<br>• Continue KP sensitization training of providers at site |
| **Mental Health and Psycho-Social Support for HIV-positive and negative clients** | Delayed scale-up at site-level | Limited resources for existing HRH in MHPSS to travel to all referral sites; Limited finances of patients to seek MHPSS at referral sites where | • Strengthen mental health screening and service referral pathways in partnership with DoH and Department of Social Development in order to bring in more clients<br>• Strengthen routine/clinical enquiry and PSS for substance/alcohol |

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| | | limited HRH are found; Limited GoSA resources to expand HRH in cadre, aggravated by cost containment at both DoH and Department of Social Development, leaving vacant positions unfilled | abuse<br>• Strengthen patient-centered and decentralized post-violence care with targeted focus on Key Pops including LGBTQIA+, Sex Workers, persons with disabilities, and people who have experienced GBV and IPV<br>• Research and evaluate the PSS and mental health support needed by AYP to increase PrEP, ART adherence |
| **Integrated AHD/ACC Guidelines, Tools, and Indicators** | Delayed implementation | Limited resources to hire technical experts for development and validation of national consolidated guidelines. | • Fund above-site partners to participate in the guideline committee to support the DoH-led process of the development of AHD/ACC guidelines, tools, and indicators |
| **Early retention at testing entry points** | Delayed implementation | As lay counselors are phased out in some provinces, task shifting in testing has resulted—newly-appointed testing cadres require capacitation on HTS to transition positive clients into treatment. | • Develop training curriculum and Standard Operating Procedures on enhanced counseling<br>• Work with Civil Society partners to enhance advocacy and demand creation activities to increase HIV testing and treatment adherence at sites with capacitated testers |

# 2. Updated Target Tables

**NB: All tables will be added upon finalization by SI/Teams**

**Target Table 1 ART Targets by Prioritization for Epidemic Control**

**Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts**

**Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control**

**Target Table 4 Targets for OVC and Linkages to HIV Services**

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# 3. Updated Budget Tables

**NB: All tables will be added upon finalization by budget team**

**Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention**

**Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area**

**Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary**

**Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative**

# 4. Above Site Updates

**NB: All tables will be added upon finalization by HSS team**

**Table C.1**

# 5. U.S. Government staffing updates

In COP23 FY1, PEPFAR SA agencies have made staffing and resource changes that align with the strategic objective of transitioning senior technical leadership positions to local employed staff members and optimizing operational costs.

***CDC*** has done this in the following ways:

- Transferred one United States Direct Hire (USDH) position from the Division of Global HIV and TB (DGHT) to the Division of Global Health Protection (DGHP). The functions of the former DGHT USDH are now covered by a locally employed staff member.
- Replaced one United States Direct Hire (USDH) prevention position with a Locally Employed Staff member in the same role. This further achieves the strategic objective of transitioning Prevention leadership in CDC to local staff members.
- Relocated one United States Direct Hire (USDH) finance lead to the Cape Town Consulate and transitioned the position into a USDH public health specialist role. This increases holistic CDC health coverage and representation in the Western Cape and Eastern Cape.
- CDC will implement a Cost of Doing Business (CODB) reduction of approximately 5.7% to align with the budget reductions. CDC SA has also been able to mitigate CODB costs by transferring some senior level positions to LE staff.

***USAID*** has done this in the following ways:

- Replaced one offshore United States Personal Services Contractor (USPSC) Budget Advisor with a Locally Employed Budget Specialist. This position will oversee all budget planning, reporting, analysis, and tracking for the Bilateral Health Office.

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- Replaced one offshore USDH Health Economist position with a Locally Employed Economist. This position will lead economic analysis and identify evidence-based approaches that improve value-for-money and efficiency to maximize U.S. Government Investments in the Health System in South Africa.
- USAID will implement a CODB reduction of approximately 4% to align with overall decreased budgets.

***Peace Corps*** will do this in COP23 FY2 in the following ways:

- Abolish two Locally Employed Staff positions of the Response and Partnership Manager, and Health Training Specialist
- Create two new Locally Employed Staff positions of IT Assistant and General Services Assistant

***The PEPFAR Coordinating Office (PCO)*** did not incur any staff changes in COP23 FY1. During FY24, PCO will create a new Administrative Assistant position for a locally employed staff to support the DREAMS coordination section and other interagency-support logistics within PCO.

# 6. Priority Areas for Sustainability Roadmap

PEPFAR SA is supporting UNAIDS in its Sustainability Roadmap creation to ensure the long-term health of the public health system. The Sustainability Roadmap focuses on how to catalyze a needed systems transformation to reduce and eliminate the stresses on the system. The definition of "sustainability" does not focus on the concept of "donor exit". Instead, the definition acknowledges that donor levels will fluctuate and reduce in the next five years, in line with PEPFAR SA's own budget predictions, and that the public health system must account for this shift in long-term operations. This long-term approach is different than the more direct set of actions needed to get to 2030 targets. The Sustainability Roadmap acknowledges that, for decades' worth of sustainability, fundamentally new pivots are needed in policy, programs, and systems. These should aim to minimize HIV vulnerability and ensure access to services for all in future decades.

The five-stage UNAIDS Sustainability Roadmap focuses on supporting country-specific future growth and impact *after* epidemiological control. This acknowledges that HIV related interventions will still be required after 2030, but that to be sustainable, they will require transforming the response to include more political, policy, financing, and programmatic and systems transformations to sustain impact. South Africa is currently in Phases 1 and 2 (Planning and Assessment) of its Sustainability Roadmap journey. COP23 FY2, PEPFAR SA will support sustainability both through its support of UNAIDS and through its ongoing programmatic work.

In the next year, PEPFAR SA will support South Africa through its partnership with UNAIDS to reach Phase 3. This work will include the support of the development of a sustainability dashboard in partnership with SANAC, along with the development of sustainability assessments and reports to inform activities for inclusion in the roadmap and monitoring. PEPFAR SA will do so through a collaborative, partnership-based approach with the NSF and SANAC, and a wider collection of collaborative stakeholders, including at a provincial level, rather than relying on a consultant-driven document or process. To achieve this, PEPFAR SA will align its timeline for COP25 planning next year directly with UNAIDS and SANAC processes. PEPFAR SA will also expand accountability beyond U.S.

Government and the GoSA to include accountability to Civil Society. By partnering with UNAIDS, the Government of South Africa, and SANAC, the U.S. Government also aims to strengthen incentives for broader partnerships for sustainability. PEPFAR SA is exemplifying its active partnership in the country process through the Sustainability TWG and participation in provincial consultations and assessments.

# 7. PEPFAR SA Resource Commitments to the Sustainability Roadmap Development Process

PEPFAR SA makes a significant contribution to UNAIDS which includes support for the Sustainability Roadmap Development process. At present, there is no plan for additional standalone funding for UNAIDS. This approach acknowledges that resources are increasingly constrained, and that programs will need to optimize resource alignment, allocation, efficiency, and spending to ensure a successful Sustainability Roadmap Development Process. PEPFAR SA will support SANAC in monitoring the Sustainability Roadmap process through the development of a dashboard.

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# Acronym List

| Acronym | Definition |
|---|---|
| 3HP | Isoniazid-rifapentine |
| 3RH | Isoniazid-rifampicin |
| 3MMD | Three Months (Multi-Month) Dispensing |
| 6MMD | Six Months (Multi-Month) Dispensing |
| ABYM | Adolescent Boys and Young Men |
| ACC | Advanced Clinical Care |
| AGYW | Adolescent Girls and Young Women |
| AHD | Advanced HIV Disease |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral (drug) |
| AYFS | Adolescent- and Youth-Friendly Services |
| AYP | Adolescents and Young People |
| BBS | Bio-Behavioral Survey |
| BMGF | Bill & Melinda Gates Foundation |
| C/ALHIV | Children and adolescents living with HIV |
| CBM | Community-based monitoring |
| CBO | Community-Based Organization |
| CCM | Comprehensive Case Management |
| CCMDD | Central Chronic Medicine Disease Dispensing and Distribution Program |
| CD4 | Cluster of Differentiation 4 |
| CDC | U.S. Centers for Disease Control and Prevention |
| CHW | Community Health Worker |
| CLM | Community-Led Monitoring |
| CODB | Cost Of Doing Business |
| CoE | Centers of Excellence |
| CoFSW | Children of Female Sex Workers |
| COP | Country Operational Plan (PEPFAR) |
| COP23 | 2023 Country Operation Plan |
| COP23 FY1 | 2023 Country Operation Plan Financial Year 1 |
| COP23 FY2 | 2023 Country Operation Plan Financial Year 2 |
| CQI | Continuous Quality Improvement |
| CSO | Civil Society Organization |
| DBE | Department of Basic Education |
| DMOC | Differentiated Models of Care |
| DoH | Department of Health |
| DREAMS | Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe |
| DSD | Direct Service Delivery |

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| DSP | District Service Partner |
| DTG | Dolutegravir |
| EMR | Electronic Medical Record |
| FSW | Female Sex Workers |
| FY | Fiscal Year |
| GA | Global Alliance to End AIDS in Children by 2030 |
| GBV | Gender-Based Violence |
| GoSA | Government of South Africa |
| HIC | Health Information Centre, National Department of Health |
| HIV | Human Immunodeficiency Virus |
| HIVSS | HIV Self Screening |
| HMIS | Health Management Information Systems |
| HPRS | Health Patient Registration System |
| HRH | Human Resources for Health |
| HRH 2030 | South Africa's Human Resources for Health Strategy 2030 |
| HRID | Human Resources Inventory Database |
| HRIS | Human Resources Information System |
| HTS | HIV Testing Services |
| IIT | Interruption in Treatment |
| IP | Implementing Partner |
| IPV | Intimate Partner Violence |
| KP | Key Populations |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and related communities |
| M&E | Monitoring and Evaluation |
| MINA | For Men. For Health. "me" in the context of "my community" (Campaign) |
| MHPSS | Mental Health and Psychosocial Support |
| MMD | Multi-Month Dispensing |
| NDoH | National Department of Health |
| NGO | Non-Governmental Organization |
| NSF | National |
| OVC | Orphans and Vulnerable Children |
| PDoH | Provincial Department of Health |
| pDTG | Pediatric Dolutegravir 10mg |
| PEPFAR | The United States President's Emergency Plan for AIDS Relief |
| PEPFAR SA | The United States President's Emergency Plan for AIDS Relief in South Africa |
| PEP | Post-Exposure Prophylaxis for HIV |
| PHC | Primary Healthcare |
| PICT | Provider-Initiated Counseling and Testing |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PrEP | HIV Pre-Exposure Prophylaxis |
| PSS | Psychosocial Support Services |
| PWID | People Who Inject Drugs |

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|---|---|
| PVC | Post Violence Care |
| SA | South Africa |
| SANAC | South African National AIDS Council |
| SDS | Strategic Direction Summary |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| SW | Sex Worker |
| SyNCH | Synchronized National Communication in Health |
| TB | Tuberculosis |
| TG | Transgender |
| THP | Traditional Health Practitioner |
| TLD | Tenofovir/Lamivudine/Dolutegravir fixed-dose combination (ARV) |
| TEE | Tenofovir Disoproxil Fumarate/Emtricitabine/Efavirenz (ARV) |
| TPT | Tuberculosis Preventive Therapy |
| TWG | Technical Working Group |
| U.S. | United States |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| USAID | United States Agency for International Development |
| U.S. | United States |
| U=U | Undetectable = Untransmittable |
| VAC | Violence Against Children |
| VAST | Volunteer Activities Support and Training |
| VL | Viral Load |
| VMMC | Voluntary Medical Male Circumcision |

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South Africa Accelerator Discussion Primer–Endorsed Actions

**State of the Response:** South Africa has made remarkable progress toward 95-95-95. New SABSSM VI and modeling data shows improvements in ART coverage

across all ages and sexes. NDOH and PEPFAR South Africa have jointly agreed to base current planning on the outputs of the most recent Thembisa model (draft 4.7), which incorporates SABSSM VI data and shows that the cascade sits at 95/84/92. The survey, alongside other data sources like CLM, also gives us a roadmap to close the remaining gaps and achieve South Africa's goal of 95-95-95 by 2026. This document proposed a series of policy and implementation actions to accelerate progress in South Africa and is meant prompt discussion toward reaching consensus on next steps.

**Draft priorities and potential deliverables**

1. Reduced frequency of client visits: As we return people to care and initiate newly identified people living with HIV, we need to reduce the burden of treatment on clients and clinics. CLM has demonstrated long wait times and high personal cost, and while there have been improvements, many patients do not return for their medicines every one to two months. Expanding MMD and moving to electronic prescriptions has strong potential to improve client happiness. NDOH policy already aligns with expansion of MMD but implicit, and addressable, implementation challenges around stock management and alignment with other differentiated models of care like CCMMD, inhibit progress. To minimize factors that will cause clients to disengage we propose a combination of a few deliverables:

    - *Core Principle*: Client-centered services are central to reaching and maintaining 95-95-95. Reducing the frequency of clinical visits for stable patients improves client outcomes and relieves pressure on the health system. Therefore, we will accelerate implementation of 3 and 6 MMD, and adapt policies to streamline MMD rollout.

    - *Implementation Action*: Expand MMD through a stepwise approach, starting with a select number of sites (100, or 1-3 municipalities) to work through implementation challenges.
        - NDOH commits to a rapid expansion of client-centered MMD, where patients have options to choose how they will pick up their meds, with the eventual goal of stable clients having one clinical visit a year. Rapid expansion will occur following a pilot

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in 100 sites (or alternatively 1-3 municipalities) across the country.
    - For the 100 sites (or municipalities), we will target 100% of stable clients being on 3 or 6 MMD by the end of this year. 6 MMD will be prioritized for those clients in need of longer dispensations, including but not limited to, youth, migrant populations, key populations, and others that self-identify.
- PEPFAR, through the direct service providers, and other development partners will support NDOH to operationalize e-scripting and 3 and 6 MMD
    - Site selection will be discussed with district, provincial and national authorities with a final list published by March 8, splitting sites across all the PEPFAR IPs
    - As part of the implementation workshop in September 2024, DSPs alongside government colleagues will provide an update on progress, including sharing lessons learned and challenges needing further action.
    - By December 15, a joint operationalization guide will be released to support further scale up in CY 2025.

- *Policy Action*: Adapt policy and guidelines to reduce clinic visits by instituting an "opt-out" approach to 3MMD by April 2024, replacing the current opt-in model that disincentivizes more rapid implementation by clinicians. In addition, expand use of telemedicine appointments to provide six-month prescription renewals without bringing clients into the health facility. This could be built from lessons learned during COVID, targeting to have a system in place by December 2024.

2. <u>Closing Gaps in the Cascade</u>: New SABBSM VI data reinforces the need to focus on gaps among key and priority populations – including pediatrics, youth, and men, leveraging diverse platforms in treatment, youth engagement, and men's health. We also need to adapt our programming to rapidly scale effective interventions in line with the South African Country Plan for the Global Alliance to End AIDS in Children.

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- *Core Principle*: All parties will move rapidly to address gaps in HIV prevention, testing and treatment services for pediatric, adolescents and young persons, and Men.

- *Action:* PEPFAR will launch a Youth Initiative aimed at elevating youth leadership in the HIV response and improving HIV prevention, case finding and treatment outcomes among youth in Cape Town on Feb 23, 2024. NDOH and SANAC will create a youth task force, inclusive of youth leaders and development partners, to drive action. First meeting to be held by May, 2024 with program implementation recommendations ready for discussion at the September 2024 workshop.
- *Action:* Rapidly scale DTG for peds and adolescents, accelerating the transition to be completed by World AIDS Day 2024, and move to register and begin introduction of pALD in quarter one of 2025, with South Africa leading the way for the rest of the continent.

3. Improved Efficiencies: Increased data sharing would improve efficiency and planning, particularly data that facilitates sustainability planning. In the short term, combining existing NDOH, PEPFAR and Global Fund human resources for health (HRH) data would allow us to determine if our support is aligned with the greatest need and resulting in the greatest impact. A joint HRH mapping effort would ensure that scarce HRH resources are efficiently deployed and avoid duplication. Additionally, development partners stand ready to share other critical data elements, like program expenditure data to enable better financial planning.

    - *Core Principle*: Acceleration will require the Republic of South Africa and development partners to find efficiencies within existing resources. We all agree to improved sharing of programmatic and financial data to find these efficiencies.

    - *Action:* Establish a Technical Working Group (TWG) on HRH by end of March 2024, to include NDOH, PEPFAR, Global Fund and other development partners supporting HRH in South Africa. New TWG

completes an HRH mapping exercise, with results shared in advance of the September implementation workshop for further discussion and action.

- *Action:* Expand TWGs to include broader range of issues in support of efficiencies and sustainability planning, learning from the HRH TWG. To be established following the September meeting but before December 2024.

4. Increasing Demand for HIV testing and treatment services: Finding those that are not on treatment and linking them to care will require an increase in demand for HIV testing and treatment services through patient literacy and U=U messaging. NDOH has formally adopted U=U but has delayed roll-out to adapt messaging to the South Africa context. PEPFAR is ready to help adapt the messaging and take to scale as part of intensified efforts to optimize HIV testing and linkage to prevention and treatment services.

    - *Core Principle:* U=U is an internationally recognized tool to reduce stigma and increase demand for services, and all parties present have adopted and endorse rapid expansion of U=U messaging.

    - *Action:* NDOH send a communication to provincial authorities endorsing U=U and granting permission for development partners to introduce U=U into core prevention, testing and treatment messaging and materials.

5. Implementation Monitoring: The partnership between the parties represented here must ensure accountability and coordination. Currently, these partners meet with provincial representatives, civil society, and implementing partners around high-level strategic planning engagements. Going forward, this group should also reconvene regularly to address and resolve implementation issues to ensure progress from this meaning results in true acceleration of the HIV response.

    - *Core Principle*: We will hold each other mutually accountable for accelerating achievement of 95-95-95 and the agreements made.

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- *Action*: Establish an implementation working group to monitor progress. Work group will develop a monitoring framework and meet monthly to ensure all actions are on track. The working group will also take lead in organizing the annual implementation meeting.
- *Action:* All partners reconvene by September 30, 2024 for the first of annual implementation meetings. Partners will present progress towards the commitments agreed to here and work together to resolve barriers to implementation.

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